Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Sandre Swanson for Assembly 2010 AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable)				Date of This Filing10/06/2010		Date Stamp	CALIFORNIA FORM 497 For Official Use Only		
(916)348-9100		313422		Report No	10062010-1	Dec. 1 of 2	101	Official Os	se Offiny
STREET ADDRESS			Amendment to Report No.		Page 1 of 2				
CITY Sacramento		STATE CA	ZIP CODE 95841	(explain below) No. of Pages	2				
Late Contrib	ution(s) Received								
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTION (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			UTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED	
10/05/2010	Association of California State	e Supervisors PAC			☐ IND			\$3,900.00	ı

	((II SEEF-EINFEOTED, ENTERTAINE OF BOSINESS)	
10/05/2010	Association of California State Supervisors PAC Sacramento, CA 95814	☐ IND ■ COM		\$3,900.00
		☐ OTH ☐ PTY		
	ID# 1303937	□ scc		
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		☐ PTY		
		□ scc		

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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AREA CODE/PHONE NUMBER (1.D. NUMBER (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		Report No10062010-1		For Official Use Only	
STREET ADDRESS	,	Amendment to Report No.	Page 2 of 2		
CITY Sacramento	STATE ZIP CODE CA 95841	(explain below) No. of Pages 2			
Late Contribution(s)	Made				
DATE FULL N	IAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC